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To the People of Gila County:

The purpose of this Bad Check Handbook is to explain the procedures that we are using in this county to reduce bad check writing and to enforce Arizona's Bad Check Law.

The program includes procedures to warn offenders, a system to prosecute people who do not respond to the warnings, and a program to collect and remit restitution to the merchants and other recipients of bad checks.

It is my belief that all of us who live in Gila County must face this problem together. As with any group of people engaged in a common undertaking, the more we cooperate, the more successful the program will be.

I encourage you to participate in our efforts to help you prevent losses from bad checks.

Sincerely,

Daisy Flores
Gila County Attorney

Welcome to the Bad Check Program

Enclosed is our Bad Check Program handbook that will help you in submitting bad checks to our program. This program will help speed up the process of collecting on your bad checks and any fees or fines you may have. Also, this service is of no charge to you.

Instructions

1. It is required by law that notice must be given to all persons that write a bad check (you may use the notice letter included in this booklet). You have two options of giving notice:
 - A. You can give actual notice. This entails you giving notice in person or by phone. Keep a list of all telephone calls made; or
 - B. You can give them notice through mail. (No longer is it required to send the notice certified mail).

When you give notice, either actual or in writing, include any bank fee that was incurred. If giving notice in writing, you need a photocopy of the completed notice. The bad check writer has 12 days to pay the full amount upon receiving Notice. 17 days if the notice is mailed. **DO NOT TAKE PARTIAL PAYMENT IF YOU WANT THE COUNTY ATTORNEY'S OFFICE TO TAKE ACTION!**

2. If you have not received payment within the time limit mentioned above, complete the Data sheet. The information on the data sheet is crucial to prosecution and no check will be accepted under the Bad Check Program unless the following is included:
 - A. Original Check
 - B. Data Sheet
 - C. Copy of the Notice of Dishonored check sent to the Bad Check writer by you.

3. The Bad Check Program DOES NOT ACCEPT:
 - A. Stopped Payment
 - B. Lost or Stolen
 - C. Debit card or Credit Card slips
 - D. Checks issued in Civil matters
 - E. Post-Dated Checks: The payee has knowledge that the funds were not on deposit when the check was accepted.

4. Mail or bring all of the following documents to 714 S Beeline Hwy Suite 202, Payson AZ 85541 Attn: Byron Cotney: Bad Check Director
 - A. The original check
 - B. A copy of the Notice of Dishonored (Data Sheet) check sent to the passer.
 - C. The bank Notice
 - D. If the letter was returned, please send un-opened

NOTE: ONCE THE CHECK IS SENT TO THE BAD CHECK PROGRAM YOU MAY NOT ACCEPT ANY TYPE OF PAYMENT FROM THE PASSER.

BAD CHECK DATA SHEET

ACCOUNT HOLDER'S NAME _____

VERIFICATION: To be filled out by the check acceptor (Cashier, etc.)

Can you verify that this is a check that you accepted? **YES NO**

Did you accept and record identification from the check presenter? **YES NO**
If yes, what was the identification number and type?

In case of identification which contains a photograph, did you compare the photograph with the check Presenter? **YES NO**

Is it your common business practice to compare the photograph with the check presenter? **YES NO**

Did the check presenter receive cash and/or merchandise and/or services equal to the face amount of the Check? **YES NO**

Can you verify that the check presenter completed the writing on the face of the check? **YES NO**

Do you know the check presenter? **YES NO**

Do you feel that you could identify the check presenter from a set of six photographs of individuals with similar physical characteristics? **YES NO**

Do you have any other information that would help identify the check presenter? **YES NO**

If yes, explain: _____

CHECK ACCEPTOR:

(PRINT NAME: FIRST M. I. LAST)

(POSITION/TITLE)

(MAILING ADDRESS)

(PHONE NUMBER)

ACCOUNT HOLDER'S NAME AS IT APPEARS ON THE CHECK:

**TO BE COMPLETED BY THE PERSON SUBMITTING THE CHECK TO THE
GILA COUNTY ATTORNEY'S BAD CHECK PROGRAM:**

(THIS INFORMATION IS REQUIRED IN ORDER TO PROPERLY DISTRIBUTE RESTITUTION):

DATE: _____ STORE/VICTIMNAME: _____

SIGNATURE

NAME (Printed)

TITLE/POSITION

ADDRESS

PHONE NUMBER

CITY, STATE, ZIP CODE

Name of the person, bookkeeper, employee, etc. responsible for sending out the
NOTICE OF DISHONORED CHECK:

Additional information that may help in the prosecution of this case:

NOTICE OF DISHONORED CHECK

TO: _____ DATE: _____

YOU ARE, PURSUANT TO LAW, NOTIFIED THAT THE CHECK OR INSTRUMENT SHOWN BELOW, ISSUED BY YOU, HAS BEEN DISHONORED

Instrument/Check Number: _____ Check Date: _____

Payable to: _____ Amount: \$ _____

Originating Institution, Bank or other Drawee: _____

Reason for Dishonor (marked on instrument): _____

Pursuant to law, you have twelve (12) days from receipt of this notice to pay or tender to the holder named below the full amount of the check or instrument, together with all reasonable costs and protest fees. **Unless this amount is paid in full within the time specified above, the holder of the dishonored check or instrument may turn over the check and all other available information relating to this incident to the Gila County Attorney for criminal prosecution.**

Check Amount \$ _____

Signed: _____

Name: _____

Address: _____

Fee Amount _____

Telephone: (____) _____

Total Amount Owed \$ _____

HOW TO CONTACT THE BAD CHECK PROGRAM

1. By Telephone 1-800-304-4452 1-928-474-4426

2. My mail 714 S Beeline Hwy Suite 202
Payson, AZ 85541

3. In person 714 S Beeline Hwy Suite 202
Payson, AZ 85541

ADDITIONAL INFORMATION

A. ONCE YOU HAVE FILED A BAD CHECK COMPLAINT WITH THE COUNTY ATTORNEY BAD CHECK PROGRAM:

1. DO NOT ACCEPT RESTITUTION FOR THE CHECK FROM ANYONE ACCEPT THE COUNTY ATTORNEY

(All monies for such checks MUST be collected by the Bad Check Program. This is the ONLY way the system will work.)

2. IF YOU DO ACCEPT RESTITUTION FROM ANYONE OTHER THAN THE COUNTY ATTORNEY:

- a. You are undermining the deterrent effect of the Bad Check Program, which must be maintained.
- b. You will be **LIABLE** for collection fees